

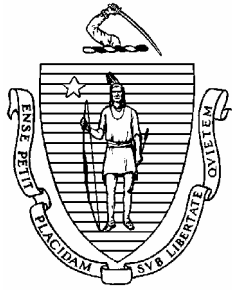
The Commonwealth of Massachusetts
Division of Health Professions Licensure
Board of Registration in Dentistry
239 Causeway Street, 2nd Floor, Suite 200
Boston, MA 02114
(617) 973-0971
www.mass.gov/dph/boards

**INSTRUCTIONS FOR
APPLICATION FOR LICENSURE OF DENTAL STUDENTS AS
DENTAL HYGIENISTS**

- ☐ **Passport sized photograph-** Attach passport size photo to first page of application where indicated
- ☐ **National Board Certification** - Submit copy of National Board Certification Part I
- ☐ **Proof of Massachusetts Only Dental Hygiene Exam** is sent directly to our office from NERB, therefore a copy is not necessary.
- ☐ **Proof of successful completion of 4 full semesters in a dental accredited by the ADA Commission on Dental Accreditation.**
- ☐ **Ethics and Jurisprudence Exam** – The ethics and jurisprudence exam is an open book test designed to ensure knowledge of the Laws and Regulations of the state. The exam itself can be obtained by calling our office at (617) 973-0971 and one will be sent free of charge.

The exam is based on (1) Massachusetts General Laws pertaining to Dentists and Dental Hygienists and (2) Board of Registration in Dentistry Regulations 234 CMR of the Commonwealth of Massachusetts. Both documents are necessary to take the exam and are available from the State House Bookstore (Room 116), Boston, MA 02133. For the documents, fees, and/or mailing instructions contact the bookstore at (617) 727-2834. The Dental Laws and Regulations may also be obtained from our website www.mass.gov/dph/boards then follow directions to Board site and links.

- ☐ **Recommendations of Good Moral Character** - Provide the signatures of two licensed dentists who are personally acquainted with you and can recommend you; one of the two dentists **must** be the Dean or Assistant Dean of the school you are attending.
- ☐ **Application and licensing fee** - \$40.00 must accompany this application. Check or money order only is accepted and made payable to the Commonwealth of Massachusetts. Cash is not accepted. All fees are non-refundable.



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BOARD USE ONLY

Issue Date: _____
License #: _____
Fee : _____
Juris Prudence: Pass _____ Fail _____
Score: _____
Exec. Dir. _____

Attach Passport
sized photo
Here

2x2

Signature

Application for Licensure of
Dental Students as Dental Hygienists

Applicant Name: _____
(Last) (First) (Middle)

Maiden Name/Other Name: _____

Address of Record: _____
(No.) (Street) (Apt #) (State or Country) (Zip/Postal Code)

Most Recent Previous Address: _____

Business Address: _____
(No.) (Street) (Apt #) (State or Country) (Zip/Postal Code)

Date of Birth: _____ Place of Birth: _____ Mother's Maiden Name: _____

Sex: Female ☐ Male ☐ Height _____ (Ft.) _____ (In) Weight: _____ Eye Color: _____

Telephone Number: Day: _____ Cell _____:

SOCIAL SECURITY NUMBER (MANDATORY) _____ - _____ - _____

Pursuant to M.G.L. c. 62C, § 47A, the Division of Health Professions Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the child support and tax laws of the Commonwealth.

Dental School Presently Attending_____ Yrs. Completed_____

Massachusetts Only Dental Hygiene Exam: Date Completed _____ Score _____

National Board Certification (Part I): Date Completed _____ Score _____

Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed?

Yes ☐ No ☐ If yes, please state the details on a separate sheet.

We, the undersigned registered dentists, are personally acquainted with_____, the applicant named in the application, and recommend him/her as a person of good moral character. One of the two (2) Dentists must be the Dean or Assistant Dean of the Dental School you are now attending.

a. Print Name_____ Title_____

Address_____

Signature_____

b. Print Name_____ Title_____

Address_____

Signature_____

I certify, under pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Dentistry to deny me a license or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that,(a) pursuant to MGL c. 62C, § 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law; and (b) pursuant to MGL c. 119, §51A, I understand my obligation to report the abuse and neglect of children.

I understand that the Board is certified by the Massachusetts Criminal History Systems Board (CHSB) for access to conviction and pending criminal case data (Agency Code: MABRNG). As an applicant for authorization to practice as a Dentist, I understand that a criminal record check may be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me.

Signature of applicant

Date